

United States Bankruptcy Court Southern District of New York
The Chambers of the Honorable James M. Peck
One Bowling Green
New York
New York 10004
Courtroom 601

Maastricht, October 27th

S. Feij
Hoge Barakken 7D
6221 GM Maastricht
Netherlands

Oppose Claim To Be Disallowed & Expunged

Dear Sir/Madam,

Please be informed that I would like to oppose against the claim to be disallowed and expunged. Written below you will find the information concerning the claim and the opposition.

Bankruptcy court: **United States Bankruptcy Court Southern District of New York**
Debtors: **Lehman Brothers Holdings INC et al.,**
Case number: **Chapter 11 Case no. 08-13555 (JMP)**
Debtor: **08-13555**
Claim number: **63000**

Description of the base amount of the claim:
LEHMAN 5.750% 2007-PERP 25/04 (isin XS0282978666)
€ 5.000,- * 1,4175 (€/€) = \$ 7.087,50

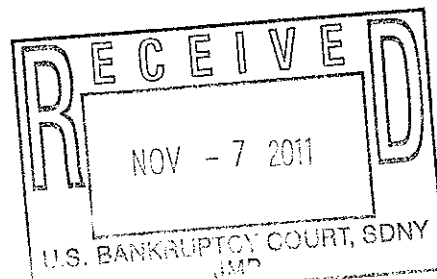
Reason: Although the claim is unsecured, we lent the company money in order to receive an annual interest and to receive the nominal amount back at the calldate. In our point of view the company misled us (the investors) about their financial situation.

All documentation are enclosed included the Proof of claim

Yours sincerely,

Serve Feij

Enclosed: Proof of Claim



United States Bankruptcy Court/Southern District of New York Pg 2 of

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000063000

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

S FEY
4096 BARAKKEN 7A
6221 GM MAASTRICHT
4011ANZ
0031-43-3636945

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number:

Email Address: S.FEY@HOME.NL

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ See attachment (Required)

☐ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): See attachment (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

CA17176 + CA17347 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

20408 11955

(Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

16.09.2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

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FILED/RECEIVED

NOV 02 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Attachment Proof of Claim

| ISIN | | AMOUNT OF CLAIM |
|--------------|---------|--------------------|
| XS0282978666 | CA17176 | \$7.087,50 |
| XS0240142827 | CA17347 | <u>\$7.087,50</u> |
| Total | | \$14.175,00 |